PTO/SB/22 (12-04) Docket Number (Optional) 026224-000130US ON FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filed September 12, 2003 Application Number 10/661,149 For REMOTE CONTROL FOR SECURE TRANSACTIONS Examiner William Boddie Art Unit 2674 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** Fee \$60 \$120 One month (37 CFR 1.17(a)(1)) \$450 \$225 Two months (37 CFR 1.17(a)(2)) \$ 510 \$510 \$1020 Three months (37 CFR 1.17(a)(3)) \$795 \$1590 Four months (37 CFR 1.17(a)(4)) \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. \boxtimes \boxtimes The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number 27,431 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ July 24, 2006 **Date** Signature 650-326-2400 Robert C. Colwell, Reg. No. 27,431 Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. forms are submitted. Total of ____

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